

## REPORT FORM

Date: \_\_\_\_\_

Store #: \_\_\_\_\_

Retailer Name and Address: \_\_\_\_\_

County of: \_\_\_\_\_, State of Massachusetts

Four (4) packs of each brand style must be purchased at five points of sale within each county at approximately the same time.

Two (2) packs of each brand style mailed to:

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street,  
Boston, MA 02108-4619  
ATTN: Gregory N. Connolly

Two (2) packs of each brand style mailed to:

Elizabeth Chambers  
Philip Morris USA  
2000 Bells Road  
Gate S, Door 100  
Richmond, VA 23234

NOTE: Each pack must be labeled and must be mailed from the county in which the product is purchased. These can be mailed (as one container for each mailing address) after every brand style is purchased within the county. Please include a completed copy of this form.

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